



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## PHARMACIST LICENSE BY LICENSURE TRANSFER INSTRUCTION SHEET

### When to File Application by Licensure Transfer

How you apply for a Pharmacist license depends on whether you have passed the North American Pharmacist Licensure Examination (NAPLEX) and, if so, when you passed it, whether you requested a score transfer to Delaware and whether you are already licensed in another jurisdiction (state, U.S. territory or District of Columbia).

If either of the following situations applies to you, you must apply by [Licensure Transfer](#).

- You passed the NAPLEX *less* than one year ago but you did **not** designate Delaware as a score transfer state.
- You passed the NAPLEX *over* one year ago and you are *currently* licensed in another jurisdiction.

**Note:** Licensure transfer is the NABP term for reciprocity.

If neither of the situations above applies to you, file the [Application for Pharmacist Licensure by Examination or Score Transfer](#) form.

### Filing Preliminary Application with NABP

The National Association of Boards of Pharmacy (NABP) offers an [Electronic Licensure Transfer Program](#) to help pharmacists who hold an active, unrestricted license in good standing to apply for licensure in additional jurisdictions. When you apply for licensure transfer with NABP, NABP

- screens your preliminary application
- compiles and verifies the information you provided (e.g., education, NAPLEX score, licensure history)
- sends you an *NABP Official Application for Transfer of Pharmacist License to State of Delaware* to file with the Delaware Board office.

- ☐ Submit the NABP licensure transfer preliminary application and NABP fee following the instructions for [Electronic Licensure Transfer](#).

### Filing Official Application with the Delaware Board Office

Like other jurisdictions, you must meet the requirements of the Delaware Board of Pharmacy before a Delaware license is issued. The Board's requirements are listed below. The auxiliary forms you need are included.

- ☐ Arrange for Board office to receive a criminal background check following the instructions on the *Instructions for Requesting a Criminal Background Check* form included with this application.
- **It is strongly suggested that you submit your request to the State Bureau of Identification as soon as possible** because it may take up to eight weeks for the criminal background check to be processed. You may submit the criminal background check request even before you file the *NABP Official Application for Transfer of Pharmacist License to State of Delaware* with the Board office.
- ☐ Sign the *NABP Official Application for Transfer of Pharmacist License to State of Delaware* that you receive from NABP in front of a notary and submit it to the Delaware Board office.
- You must submit the *Official Application* to the Delaware Board office within 90 days of receiving it from NABP.
- ☐ Submit a completed, signed and notarized *Pharmacist License by Licensure Transfer – Application Supplement*.

- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware." This Delaware fee is in addition to the NABP fee.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.
- ☐ Register to take the Multi-State Pharmacist Jurisprudence Examination (MPJE) on [www.nabp.net](http://www.nabp.net).
- Since you must register with NABP to take the MPJE before the Board office can make you eligible, it is strongly suggested that you register at the same time you file the *Official Application* with the Board office.
  - For help on preparing for the MPJE, click [MPJE Study Material List](#).
  - When the Board office makes you eligible, NABP will send you an Authorization to Test letter that will explain how to schedule your examination. When the Board office receives your results from the testing service, it will notify you of the results.
  - If you did not pass the MPJE, you must wait 31 days after failing the exam before you can re-take it. To re-take it, you must re-register on [www.nabp.net](http://www.nabp.net) and the Board office must re-confirm your eligibility. For more information about re-taking the exams, see Section 1.2 of the Board's [Rules and Regulations](#).



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## PHARMACIST LICENSE BY LICENSURE TRANSFER – APPLICATION SUPPLEMENT

### TYPE OF APPLICATION

1. Select the item that describes your situation:

- ☐ You passed the NAPLEX *less* than one year ago but you did **not** designate Delaware as a score transfer state.  
☐ You passed the NAPLEX *over* one year ago and you are *currently* licensed in another jurisdiction.

If **neither** of the situations above applies to you, you must apply by [Examination or Score Transfer](#).

### IDENTIFYING AND CONTACT INFORMATION

2. Full Name: \_\_\_\_\_  
Last First Middle
3. Other Names Used: \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)
4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Yes ☐ No ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
7. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Work

### DUTY TO REPORT

8. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
  - mentally or physically unable to engage safely in the practice of medicine
  - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

9. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

10. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to **self report** when

- your license to practice pharmacy has been disciplined, surrendered, suspended or revoked, or
- you have been convicted of a crime that is substantially related to the practice of pharmacy.

I certify that I have read and understand [24 Del. C. §2515 \(a\)\(8\)](#) and that I understand my *duty to self report*.

Yes ☐ No ☐

### AFFIDAVIT

I do hereby make application to the Board of Pharmacy for license or registration under the provisions of an Act to regulate the practice of Pharmacy in the State of Delaware and solemnly swear and affirm that the answers to the questions set forth in this application are true and correct.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.**

# Instructions for Requesting a Criminal Background Check

***Both state and federal criminal background checks are required.***

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

***Walk-ins accepted:*** Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(Between Rts. 72 and 896 on Rt. 40)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd.  
Georgetown DE 19947  
(Across from DelDOT & the State Service Ctr.)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

**DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE**



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## AUTHORIZATION FOR RELEASE OF INFORMATION

### CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

#### CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- |                                                |                                                     |
|------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Pharmacy                   |
| <input type="checkbox"/> Medical               | <input type="checkbox"/> Texas Hold'em Dealer       |

#### ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

#### ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

#### MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

**Division of Professional Regulation**  
**861 Silver Lake Boulevard, Suite 203**  
**Dover DE 19904**  
**SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**